

WASHINGTON, D.C. – Panels of the nation’s top cancer doctors and researchers joined Congressmen Michael McCaul (R-TX) and Joe Sestak (D-PA) at their Childhood Cancer Summit on Capitol Hill calling on Congress to increase funding in the fight against the disease.

McCaul and Sestak, founders and co-chairs of the bipartisan Pediatric Cancer Caucus, assembled the experts to emphasize the unique challenges facing childhood cancer patients and their families compared with adult cancers. The goal of the summit was to increase awareness among members of Congress to advance policies and ultimately better treat and prevent the disease.

“This disease devastates children and families,” said Congressman McCaul. “Unfortunately the drugs, research, treatment and funding that exist pale in comparison to what’s available for adult forms of cancer. We have an obligation to increase the odds of survival and the quality of survival for our children, and to do that we have to make an investment.”

“As the father of a child with cancer, I know all too well the gut-wrenching impact it can have,” said Congressman Sestak. “We took a significant step in expanding access to care, including children with pre-existing conditions like cancer, in the recent health care bill. But there is a lot more we need to do to ensure children have access to innovative treatments and the best chance to live long, healthy lives.”

Several of the nation's premier cancer centers were represented on the panels including M.D. Anderson Cancer Center, Texas Children's Hospital, Children's Hospital of Philadelphia, Memorial Sloan-Kettering, and St. Jude's Research Hospital. Internationally renowned doctors and researchers agreed the most pressing need is research and development of new treatments specifically for children.

Dr. Eugenie Kleinerman, Head of Pediatrics at Houston's MD Anderson Cancer Center, said "molecular abnormalities are NOT necessarily the same as those in adult tumors and thus laboratory research must be focused on pediatric tumors."

"Virtually all the drugs we needed to reach today's cure rates were available to us by the 1970s," said Dr. Peter Adamson of the Children's Hospital of Philadelphia, continuing that these drugs "have taken us as far as they can. There is the urgent need for new treatments, targeted treatments, which cure more children and cause fewer side effects."

"As we learn more about cancers at the molecular level we are finding that what was heretofore considered a single tumor type, may actually be three, four or five subtypes of the same disease – each with a different set of aberrations at the molecular level," said Dr. Susan Blaney, Deputy Director of Texas Children's Cancer Center. "Practically this means that instead of needing one treatment for a particular type of cancer, we may need multiple and different types of targeted treatments."

McCaul and Sestak will roll the panels' recommendations into a legislative agenda that includes:

Incentives for drug development (S. 3697): would give pharmaceutical companies that bring a new pediatric drug to market priority review status for a more profitable drug they are developing

Grants for specialized training to primary care physicians to better identify side effects and re-occurrence of symptoms (HR 2109)

Greater access to clinical trials

Greater emphasis on survivorship and impact of childhood cancer on families

Full funding of the Caroline Pryce Walker Conquer Childhood Cancer Act (passed in 2009) to increase pediatric cancer research at the National Cancer Institute and create a pediatric cancer registry at the Centers for Disease Control

Most recently, through their efforts on the Caucus, McCaul and Sestak have helped secure \$4 million in childhood cancer research funding for FY 2010.

FACTS ABOUT CHILDHOOD CANCER:

Leading killer of children in the United States among diseases

Kills more people each year ages 1-20 than asthma, diabetes, cystic fibrosis, and AIDS combined

35 children are diagnosed each day

Studies and drug development specific to pediatric cancers remain underfunded

Since 1980 only one new drug has been approved for treatment of childhood cancer, compared with 50 that have been approved for adults

For every \$6 in federal research per AIDS patient and every \$1 per patient with breast cancer, a child with cancer receives only 30 cents

3 out of 5 survivors will suffer life-long side effects